

C-2

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
Nelson L. Bruce,COURT CASE NUMBER  
2:22-cv-02211-BHH-MGB

DEFENDANT

PENTAGON FEDERAL CREDIT UNION et al.

TYPE OF PROCESS  
CivilSERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

THE PRENTICE-HALL CORPORATION SYSTEM, INC (Registered Agent for Defendant Trans Union)

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

508 Meeting Street, West Columbia, South Carolina 29169

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Nelson L. Bruce  
c/o P.O. Box 3345  
Summerville, South Carolina 29484Number of process to be  
served with this Form 285

4

Number of parties to be  
served in this case

4

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Contact information for Service on Registered Agent  
(800) 683-4769  
Hours of Operation M-F from 9:00 a.m. to 4:30 p.m.Signature of ~~Attorney~~ other Originator requesting service on behalf of☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

843-437-7901

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

1

District of  
Origin

No. 001

District to  
Serve

No. 001

Signature of Authorized USMS Deputy or Clerk

Judy Spury

Date

9/12/2022

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Trey Williams

Address (complete only if different than shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Date

9-21-22

Time

9:30

☒ am  
☐ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

(12hr

\$65.00

Total Mileage Charges  
including endeavors)41 x .625 =  
\$25.625

Forwarding Fee

0

Total Charges

\$67.50

Advance Deposits

0

Amount owed to U.S. Marshal\* or  
(Amount of Refund)\$67.50  
-\$0.00

REMARKS

FWD TO LGLS OPS DWSM Tolliver for p/s.

THIS PERSON IS AUTHORIZED TO ACCEPT PROCESS  
ON BEHALF OF PERSON BEING SERVED!

## DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment,  
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

C-3

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Nelson L. Bruce	COURT CASE NUMBER 2:22-cv-02211-BHH-MGB
DEFENDANT PENTAGON FEDERAL CREDIT UNION et al.	TYPE OF PROCESS Civil

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
CORPORATION SERVICE COMPANY (Registered Agent for Defendant Equifax)  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
508 Meeting Street, West Columbia, South Carolina 29169

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Nelson L. Bruce  
c/o P.O. Box 3345  
Summerville, South Carolina 29484

Number of process to be served with this Form 285

4

Number of parties to be served in this case

4

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Contact information for Service on Registered Agent

1-866-403-5272

Hours of Operation M-F from 9:00 a.m. to 4:30 p.m.

Signature of ~~Attorney~~ other Originator requesting service on behalf of:☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

843-437-7901

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 001

District to Serve

No. 001

Signature of Authorized USMS Deputy or Clerk

Date

9/12/2022

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc shown at the address inserted below

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Trey Williams

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date

9-21-22

Time

9:30

☒ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

(1) hr  
\$65.00

Total Mileage Charges including endeavors

4x.625=  
\$2.50

Forwarding Fee

0

Total Charges

\$67.50

Advance Deposits

0

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

\$67.50  
\$0.00

REMARKS

FWD TO Cole-ops Dasm Teller for pls.  
THIS PERSON IS AUTHORIZED TO ACCEPT PROCESS  
ON BEHALF OF PERSON BEING SERVED!

## DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*. To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



C-4

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Nelson L. Bruce	COURT CASE NUMBER 2:22-cv-02211-BHH-MGB
DEFENDANT PENTAGON FEDERAL CREDIT UNION et al.	TYPE OF PROCESS Civil
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> { C T CORPORATION SYSTEM (Registered Agent for Defendant Experian) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2 Office Park Court, Suite 103, Columbia, South Carolina 29223	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <b>4</b> Number of parties to be served in this case <b>4</b> Check for service on U.S.A.
Nelson L. Bruce c/o P.O. Box 3345 Summerville, South Carolina 29484	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Contact information for Service on Registered Agent  
 (864) 240-3302  
 Hours of Operation M-F from 9:00 a.m. to 4:30 p.m.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

843-437-7901

DATE

9-2-2022

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>MI</b>	District to Serve No. <b>MI</b>	Signature of Authorized USMS Deputy or Clerk <i>Judy Sping</i>	Date <b>9/12/2022</b>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) <b>Lisa Culler</b>				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date <b>9-19-22</b>	Time <b>1135</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy <i>[Signature]</i>	
Service Fee <b>(17W)</b> <b>\$65.00</b>	Total Mileage Charges including endeavors) <b>21 X .625 =</b> <b>\$13.12</b>	Forwarding Fee <b>0</b>	Total Charges <b>\$78.12</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$78.12</b> <b>-50.00</b>

REMARKS: **FWD TO Col-ops DUSM Tolliver for p/s.**

**THIS PERSON IS AUTHORIZED TO ACCEPT PROCESS  
 ON BEHALF OF PERSON BEING SERVED!**

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 11/13

2022 OCT -7 PM 12:26  
 RECEIVED  
 USDC CLEINT. CHAMBERS  
 STORED